

**U.S. Treasury Department / Financial Management Service
GOALS II Enterprise System Access Request Form**

* All non-required fields have an asterisk

TO ENSURE ACCURACY, PLEASE TYPE OR PRINT CLEARLY.

Section I - User Information (Please Print):

Agency Location Code (ALC): _____ Effective Date: ____/____/____
Email Address: _____ *Fax No.: _____

Agency Name: _____ User SSN: _____
(Govt. Agency, or Contractor Name)

*Bureau Name: _____

User Name: _____

User Phone No.: _____

Room No.: _____

Street Line 1: _____

*Street Line 2: _____

*Street Line 3: _____

*Street Line 4: _____

*Street Line 5: _____

City: _____ State: _____ Zip: _____

Supervisor Name: _____

Supervisor Signature: _____

Supervisor Phone No.: _____

Room No.: _____

Section II – Access Requested:

Action: ☐ Add ☐ Revoke
Reason: ☐ New ☐ Transfer/Change

Connection: Dial ☐ Direct ☐ Internal ☐

Do you currently have a Secure ID card? YES or NO

If yes, what is the serial number from the back of the card _____

Do you have to use multiple PCs in your office in order to do your reporting to GOALSII?
YES or NO

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Section III – Application(s) Requested:

ADMIN	<input type="checkbox"/> Online <input type="checkbox"/> Bulk	STATEMENT OF DIFFERENCE	<input type="checkbox"/> Online <input type="checkbox"/> Bulk
FACTS I	<input type="checkbox"/> Online <input type="checkbox"/> Bulk	UNDISBURSED	<input type="checkbox"/> Online <input type="checkbox"/> Bulk
FACTS II	<input type="checkbox"/> Online <input type="checkbox"/> Bulk	WARRANTS	<input type="checkbox"/> Online <input type="checkbox"/> Bulk
FACTS NOTES	<input type="checkbox"/> Online <input type="checkbox"/> Bulk		
FMS 224	<input type="checkbox"/> Online <input type="checkbox"/> Bulk		
FMS 1219/1220	<input type="checkbox"/> Online <input type="checkbox"/> Bulk		
NON-EXPEND	<input type="checkbox"/> Online <input type="checkbox"/> Bulk		
RFC/AL	<input type="checkbox"/> Online <input type="checkbox"/> Bulk		

Section IV – GOALS Marketing Processing Information:

☐ Production
☐ QA (Pilot)

APPLICATION		ROLES		
ADMIN.	SECURITY <input type="checkbox"/>	GOALSII ADMIN <input type="checkbox"/>	FACTSII ADMIN <input type="checkbox"/>	SUPERUSER <input type="checkbox"/>
FACTS I	PREPARER <input type="checkbox"/>	SECURITY <input type="checkbox"/>	APPLICATION <input type="checkbox"/>	SUPERUSER <input type="checkbox"/>
FACTS II	ADMIN1 <input type="checkbox"/>	ADMIN2 <input type="checkbox"/>	ADMIN3 <input type="checkbox"/>	PREPARER/ <input type="checkbox"/> CERTIFIER <input type="checkbox"/>
FACTS NOTES	PREPARER <input type="checkbox"/>	SECURITY <input type="checkbox"/>	APPLICATION <input type="checkbox"/>	SUPERUSER <input type="checkbox"/>
FMS 224	PREPARER <input type="checkbox"/>	SECURITY <input type="checkbox"/>	APPLICATION <input type="checkbox"/>	SUPERUSER <input type="checkbox"/>
FMS 1219/1220	PREPARER <input type="checkbox"/>	SECURITY <input type="checkbox"/>	APPLICATION <input type="checkbox"/>	SUPERUSER <input type="checkbox"/>
NON EXP	PREPARER <input type="checkbox"/>	SECURITY <input type="checkbox"/>	APPLICATION <input type="checkbox"/>	SUPERUSER <input type="checkbox"/>
RFC/AL	PREPARER <input type="checkbox"/>	SECURITY <input type="checkbox"/>	APPLICATION <input type="checkbox"/>	SUPERUSER <input type="checkbox"/>
SOD	FPA <input type="checkbox"/>	SECURITY <input type="checkbox"/>	APPLICATION <input type="checkbox"/>	SUPERUSER <input type="checkbox"/>
UND	FPA <input type="checkbox"/>	SECURITY <input type="checkbox"/>	APPLICATION <input type="checkbox"/>	SUPERUSER <input type="checkbox"/>
WARRANTS	FPA <input type="checkbox"/>	SECURITY <input type="checkbox"/>	APPLICATION <input type="checkbox"/>	SUPERUSER <input type="checkbox"/>

Section V – FMS Authorization:

COTR Name: _____ **Date:** ____/____/____

Application Sponsor: _____ **Date:** ____/____/____

Send to: GOALS Marketing Staff
Financial Management Service
3700 East West Highway, Room 800B
Hyattsville, Maryland 20782